

WYOMING – NEBRASKA INTERSTATE COMMUTER AGREEMENT



BREEDING HERD

No

No

Yes

Yes

GENERAL REQUIREMENTS OF THE COMMUTER AGREEMENT:

- Application for this permit shall be made through the STATE VETERINARIAN'S office in the state where the herd originates and the STATE VETERINARIAN of that state shall receive this completed application at least two weeks prior to the movement. The permit number will be issued by the state of destination.
- This permit shall be approved by the State Veterinarian in both Wyoming and Nebraska prior to any movement.
- This permit (if approved) shall be valid for the calendar year issued and shall be reapplied for annually.
- This permit is only available to breeding herds (including the current years offspring), NO TRADER CATTLE.
- The herd covered by this agreement shall always be maintained as a separate herd and never commingled with another herd.
- Any change of ownership of the livestock listed on this permit will negate the permit and prior to the sale, lease, trade or barter of any of these animals, the import requirements for the state they are in at the time of ownership change shall be met.
- The following Official identifications will be acceptable: OCV Tags, USDA Silver ID Tags, and Green Wyoming ID Tags. Voluntary use of Radio Frequency Identification tags (RFID) is encouraged, but not mandatory.
- All sexually intact females over 12 months of age shall be brucellosis "Official Calfhood Vaccinates."
- A copy of this contract and a current Brand Inspection shall accompany the shipment at anytime the animals are being moved between the premises listed on this agreement.
- This agreement does not negate any brand inspection requirements.

Time necessary to eliminate Brucellosis Non-Vaccinates: Are all heifer calves Brucellosis vaccinated each year?

Are all purchased replacement females official Brucellosis vaccinates:

Name of Herd Owner:			Date:			
Street Address:			Count			
City/State/Zip:						
	n of Ranch in Stat	e of Origin:				
,			Legal description or directions from	a common knowledge point (i	.e., Town, Junction, etc.)	
Telephone Numb	oer: ()	-	_ Cell Phone Numbe	r: ()	-	
Ranch Owner in	State of Destinati	on:				
Street Address:			Count	County:		
City/State/Zip:				-		
Physical Location	n of Ranch in Stat	e of Destination	n:			
v				from a common knowledge po	oint (i.e., Town, Junction, etc.)	
Telephone Numb	oer: ()	-	Cell Phone Num	ber: <u>(</u>)	-	
Grazing Period Da	ates:		through			
MM/DD/YYYY			MM/DD/YYYY			
		(Cattle			
	Inventory	of animals to be	e moved under this ag	reement		
Bulls	Bulls (Virgin)	Cows	Calves	Heifers	Steers	
Total number of c	cattle (Bovine) to be	e grazed out of st	tate:			
	llosis Non-Vaccina	_		Annual Culling Rate: %		

Individual State Requirements (In addition to "General Requirements") **Wyoming Origin Moving to Nebraska Nebraska Origin Moving to Wyoming** Certificate of veterinary Inspection (CVI) Certificate of veterinary Inspection (CVI) Nebraska Commuter Permit number listed on CVI Wyoming Commuter Permit number listed on CVI Individual ID Listed on CVI Individual ID Listed on CVI For Trichomoniasis test requirements contact NOTE: Nebraska will not approve applications if the cattle spend Wyoming State Veterinarian any portion of the previous or current year in Sublette, Lincoln, or Teton counties in Wyoming. Returning to Nebraska **Returning to Wyoming** Cattle on this permit can return on the original CVI CVI issued within 30 days prior to movement. Wyoming Commuter Permit number listed on CVI Nebraska Commuter Permit number listed on CVI For Trichomoniasis test requirements contact NOTE: Nebraska will not approve applications if the cattle spend **Wyoming State Veterinarian** any portion of the previous or current year in Sublette, Lincoln, or Teton counties in Wyoming. HERD VETERINARIAN I _____, am the veterinarian for this herd. The animals in this herd are healthy and I do not know of any evidence of contagious or infectious disease with in the herd. I am familiar with the herd history and management and to the best of my knowledge the animals from this herd pose no disease threat. Herd Veterinarian Signature: Date: Address: Telephone: Fax: I UNDERSTAND AND AGREE TO ALL OF THE CONDITIONS OF THIS CONTRACT Owner Signature: Date: Please request applications from and mail applications to your State Veterinarian Wyoming Residents Nebraska Residents Dr. Dwyane C. Oldham DVM Dr. Dennis A. Hughes, DVM Bureau of Animal Industry Wyoming Livestock Board 2020 Carey Avenue, 4th Floor P.O. Box 94787 Cheyenne, WY 82002 Lincoln, NE 68509 Office - (307) 777-6443 Office - (402) 471-2351 Fax - (307) 777-6561 Fax – (402) 471-6893 FOR OFFICIAL USE ONLY **State of Destination Permit Number State of Origin Permit Number Expiration Date:** Approval Approval Official of State of Origin Official of State of Destination I hereby approve your agreement application for movement of animals as specified in your agreement upon the recommendations of your State Veterinarian Signature: Signature: Date: Date: